toxicity was seen between patients with SCN involvement and those without,irrespective of the location of the primary tumor.

Conclusion: In esophageal cancer treated with definitive chemoradiation, number of affected lymph nodes is an important prognostic factor, while involvement of a supraclavicular lymph node is not. The supraclavicular lymph node should beconsidered a regional lymph node and treated with curative intend if the total number of involved lymph nodes is limited, irrespective of the site of the primary tumor.

PO-0707

The impact of dose on survival in adjuvant chemoradiation pancreatic cancer

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Purpose or Objective: To define the role of radiation dose on overall survival (OS) in pancreatic adenocarcinoma (PAC) patients treated with adjuvant chemoradiotherapy (CRT).

Material and Methods: A total of 518 patients from different centers, completely resected with macroscopically negative margins (R0-1) for PAC (T1-3; N0-1; M0) and treated with adjuvant CRT, were retrospectively reviewed. Patients with metastatic or unresectable disease at surgery, macroscopic residual disease (R2), treated with intraoperative radiotherapy (IORT), dead within 60 days of surgery and without a histological diagnosis of ductal carcinoma were excluded. Only 142 patients received adjuvant chemotherapy.

Results: With 35 months of median follow-up, median OS was 23.0 months after adjuvant CRT with dose ≥ 45 Gy versus 13.0 months with dose < 45 Gy (p < 0.001); 5-year OS was 21.9% versus 3.8%, respectively. Among prognostic factors, higher Ca19-9 levels (>90; p<0.001), higher tumor grade (G3-4, p = 0.017), R1 resection (p = 0.003), higher pT stage (p = 0.002) and positive nodes (p < 0.001) can be identified as negative. Multivariate analysis (HR: 0.52, 0.34-0.77; p = 0.001) proved the positive impact of higher dose.

Conclusion: A significant impact of CRT dose on OS was pointed out by the results of this analysis. The randomized trials on adjuvant CRT in PAC, in which a relatively low-dose of radiation (40 Gy, split course) was used, may have had conflicting results due to this bias.

PO-0708

Advanced age is no contraindication for chemoradiotherapy with curative intent in oesophageal cancer

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Purpose or Objective: To compare long-term outcomes of chemoradiotherapy between young and elderly(≥70 years) oesophageal cancer patients treated with curative intent.

Material and Methods: Oesophageal cancer patients treated between 1998 and 2013 in our institute with neoadjuvant (nCRT) or definitive (dCRT) chemoradiotherapy were retrospectively analysed. nCRT consisted of 36-50Gy with concurrent 5-fluorouracil/cisplatin or 41.4Gy with concurrent carboplatin/paclitaxel. dCRT consisted of 50Gy with concurrent fluorouracil/cisplatin or 50.4Gy with concurrent carboplatin/paclitaxel. Overall survival (OS), disease-free survival (DFS) and locoregional control (LRC) were compared between older (>70 years) and younger patients (< 70 years). Cox models were used to obtain adjusted hazard ratios (HR) and 95% confidence intervals (CI).

Results: The cohort consisted of 253 patients with a median follow up of 4.3 years. A group of 182 patients (72%) was < 70 years (median age 60). The remaining 71 patients were >70 years (median age 75). The two age groups (younger vs. older) differed significantly regarding smoking (59% vs. 31%; p<0.001), alcohol abuse (64% vs. 46%; p=0.007), Charlson comorbidity index (median 0 vs. 1; p=0.001) and weight loss prior to CRT (median 4 vs. 3 kgs; p=0.038). Most patients had stage IIA-IIIA disease (82%). Distribution of tumour stages was similar in the two age groups (stage IIA: 27% vs. 24%, stage IIB: 4% vs. 4%, stage IIIA: 51% vs. 55%).
Initial treatment was nCRT with the intent to proceed to surgery in 169 patients, whereas 84 patients were planned for dCRT. Although surgery was the intent, 15% of the younger nCRT patients were not operated versus 35% of the older nCRT patients (p=0.01). Reasons to withhold surgery in the younger versus older patients were tumour progression (10% vs. 14%), toxicity (2% vs. 11%) or patient's own choice (3% vs. 11%), p=0.01. At baseline, there was a significant difference in the distribution of the final treatment given (nCRT + surgery, dCRT or nCRT without surgery; p<0.001).
For the entire study population, OS at 3-years was 42%. In the multivariable analysis, no difference was found in OS between the two age groups (old vs. young; HR 0.72, 95% CI 0.49-1.07, p=0.10). In the older age group, DFS (HR 0.66, 95% CI 0.45-0.98, p=0.04) and LRC (HR 0.43, 95% CI 0.23-0.82, p=0.01) were significantly better than in the younger age group.

Conclusion: Elderly oesophageal cancer patients (>70 years) treated with neoadjuvant chemoradiotherapy followed by surgery or definitive chemoradiotherapy had long-term outcomes which did not differ from the outcomes of their younger counterparts. For oesophageal cancer patients, advanced age alone should not be a contraindication for chemoradiotherapy as a part of treatment with curative intent.

PO-0709